Avida Care Limited

aVida - Gloucester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6, 7 and 9 June 2016 and was announced. aVida- Gloucester is a domiciliary care service which provides personal care and support to people of all ages with physical needs as well as people who have learning disabilities, mental health problems and sensory impairments. The service provides care and support to people who live in their own homes. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were cared for by care staff who understood their responsibility in protecting them from harm. Their personal risks had been identified and were managed well. Staff understood people's risks but encouraged them to become independent. Staff had the knowledge and confidence to identify safeguarding concerns.

People had positive relationships with staff and were treated kindly and with compassion. They received care which reflected their individual preferences and routines. Staff had a good understanding of their personal histories and their likes and dislikes. Their care plans reflected their needs. However, there was no recorded guidance for staff if people became unwell. The registered manager immediately addressed this and implemented individual protocols where required. These protocols would guide staff and help them to ensure that they had the appropriate knowledge to assist people if their health deteriorated.

People were supported to stay healthy. When their needs changed, staff were responsive and referred them to the relevant healthcare services. Records showed the arrangements that were in place to make sure people received their medicines appropriately and safely. People's dietary needs and preferences were documented and known by the staff.

People told us the staff team who supported them with their personal care were kind and caring. They told us staff generally arrived on time and stayed for the full amount of time. Staff schedules confirmed that there had been sufficient staff to meet people's needs. Recruitment checks had been carried out to ensure staff were suitable to work with people.

People were supported by staff who had the opportunity to acquire the skills and knowledge they needed to meet their needs. Staff felt supported and confident in carrying out their role.
People had consented to their care. Plans were in plans to implement care plans and assessments which were underpinned by the principles of the Mental Capacity Act 2005.

The registered manager was committed to improving the service. They had a good understanding of their role and how to manage the quality of the care provided to people. They had reviewed trends and patterns relating to the running of the service and had acted on them. Staff and the managers listened to people's concerns. They had worked in conjunction with other agencies and companies in the community to support the lives of people in the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's individual risks were assessed and managed. Staff understood their role to monitor and protect people from harm and abuse.

People's medicines were managed and administered in line with their needs.

People benefited from staff who had been through robust checks before they could work with them. Systems were in place to ensure people's allocated visits were consistently covered.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained and supported to carry out their role.

People's wishes and preferences were respected and acted on. Plans were in place to ensure the rights of people who were unable to make important decisions about their health and well-being were protected.

People were supported to stay healthy and well through access to a range of healthcare professionals. Their nutritional needs had been assessed and reflected their individual dietary requirements.

Is the service caring?

Good

The service was caring.

People had positive relationships with staff. Staff were enthusiastic and passionate about the people they supported. They supported people with their additional needs.

People were encouraged to be independent and regain their daily living skills.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records focussed on their care and support needs but did not provide staff with guidance of actions to take if there were specific changes in their clinical needs. Daily records were not always focused on the person's well-being.

People knew how to make a complaint and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led.

The registered manager had taken steps to work with people in the local community and implement alternative recruitment systems to retain staff. They had shared information with other services both locally and nationally.

Staff and people were positive about the management of the service.

Systems were in place to monitor the quality of the service being provided.

aVida - Gloucester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 7 and 9 June 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was supporting and caring for older people.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

On 6 and 7 June 2016, we visited the main office for aVida – Gloucester and spoke to the registered manager, the general manager and four members of staff. We looked at the support plans of five people as well as records which related to staffing including their recruitment procedures and the training and development of staff. We also looked at the most recent records relating to the management of the service including accident and incident reports

On 9 June 2016, we visited three people in their home and spoke to 10 people or their relatives by telephone. We also looked at information we received about the service from two health care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by staff in their own homes. They explained how staff supported them in a manner which was safe and how they respected their home and belongings. Staff had been trained to understand their safeguarding responsibilities. The provider had a safeguarding policy which was accessible to all staff. Staff demonstrated a good understanding of the service's safeguarding policy and processes. Relatives confirmed they felt their loved ones were protected from harm and were safe when supported by the service. Where concerns had been raised about the protection of people, the registered manager had been open and transparent and investigated into any concerns. Where required they had shared information about people's safety with other agencies that had a responsibility to safeguard people.

Systems were in place to ensure people were safe. Protocols were in place for the actions staff should take if staff could not contact the people they were visiting. Staff told us the actions they would take if they could not contact a person that they were due to visit. One staff member said, "If a service user was not at home or we couldn't get into the house to see if they were ok, I would call the office immediately as well as looking for signs such as closed curtains." They went on to tell us they would not leave the house until they had ensured the safety and whereabouts of the person.

Staff told us that wherever possible people's independence was promoted. People's individual risks had been identified and assessed. A flow chart had been produced for staff which guided them through the actions to take when monitoring people who had been identified as at risk, such as risk of dehydration or malnutrition. For example, records showed that monitoring charts were consistently completed by staff. This detailed people's food intake when people had been identified as risk of malnutrition.

Where people had been identified as risk of falls, actions had been taken to contact other health care professionals to seek additional support or advice such as contacting an occupational therapist. For example, one person who had fallen three times in a short period of time. Records showed the staff had contacted the office and the person had been referred to their GP and occupational therapist for additional support. Staff had taken immediate action and had contacted the paramedics at the time of the incidents.

Risk assessments of the hazards and risks that staff may face when supporting people in their own home had been completed including risks associated with the environment or infection control. This meant staff were fully informed of potential hazards when working alone or in pairs.

Staff mainly worked in one of three geographical teams across Gloucester and surrounding villages. This meant people were supported by regular and familiar staff. We spoke to a staff member who was responsible for scheduling and planning staff rotas and visit times of people. They explained the system in place to manage and book people's care visits had improved and was now clearer and more effective. This had resulted in a reduction of missed calls and the need to use the rapid response team (The rapid response team is a team who was responsible for covering visits which could not be managed by the regular staff team). They said, "The scheduling of staff visit times have improved tenfold since last year. We now all work

together so we have an understanding of where there are gaps in staff schedules."

An on call system and rapid response team ensured that people consistently received visits even when there were unplanned staff shortages. Staff who managed the on-call system had a clear understanding of the role of the care staff and their visit times. One staff member said, "The on call system has definitely improved. There is a clear break down of who is responsible for the on-call each day which spreads out the responsibility." They went on to explain their role and knowledge about the scheduled visits and said "I wouldn't expect a carer (staff member) to do something that I wouldn't be prepared to do."

However the registered manager told us they were reviewing the teams and preparing staff for possible changes in their work schedules. This was due to the new local authority contracts regarding the delivery of domiciliary care services in people's homes. The registered manager said, "We are trying to get the team to be more fluid in their way of working." They explained the actions they were taking to manage the staff schedules in line with the predicted changes in delivery of care hours being provided and also communicated any changes to people who use the service.

People told us staff generally visited them on time or within an acceptable timeframe. They told us staff stayed with them for the full amount of time. Most staff stated that the travel times between people's scheduled visits were mainly managed well and they had enough time to travel between people's homes. Although we were told that the travel times were sometimes variable. One staff member said, "The travel times can be horrendous at times especially during traffic but I let the office know and they will try and change it." We checked a small sample of staff visit schedules which confirmed that travel times had been considered between people's visits. Some people had agreed for staff to use a 'phone tracker' system which monitored staff start and end times of their visits. This helped to monitor staff visit times.

Effective recruitment processes were in place to ensure people were cared for by suitable staff. Checks on staffs' previous employment history, references and criminal records had taken place. The service was in the process of recruiting extra staff to provide more flexibility around people's needs.

Some people required support to administer their medicines. People's care plans gave staff an understanding of people's level of independence when managing and administering people's medicines. Their abilities to manage their own medicines had been reviewed and risk assessed. Information on who was responsible for the ordering and management (including the storage arrangements and disposal) of people's medicines was clearly documented. Records showed when staff had administered people's prescribed medicines. The records were checked monthly by senior staff to ensure people were receiving the medicines they had been prescribed. Staff had been trained to support people with their medicines. Their skills and competencies to manage and administer people's medicines were regularly checked. A flow chart had been produced for staff which guided them through the actions they should take if people's regular medicines changed or additional medicines were required.

Good

Is the service effective?

Our findings

The registered manager had carried out a training needs analysis of the service with the aim to ensure all staff were competent to carry out their role. This analysis informed a training action plan which included providing additional training such as end of life training.

People were supported by staff that had been trained to carry out their role. The general manager monitored the training requirements of staff. Plans were in place to provide additional and advance courses in dementia care and the Mental Capacity Act (and associated Deprivation of Liberty safeguards) as well as an update course in personal care which included aspects of medical care such as catheter management. All the staff we spoke with said they felt well supported and trained. One new staff member said, "The training was very informative and in depth." They told us their induction training included subjects such as safeguarding, first aid and moving & handling. More experienced staff told us they had been supported to undertake national vocational qualifications in health and social care.

New staff were required to go an intensive classroom based induction programme which included subjects such as manual handling, safeguarding and infection control. The skills and knowledge they acquired were mapped across to the care certificate which ensured that the training staff required met the national minimal standards of care. They were also required to complete the new care certificate which allowed the general manager and team leaders to monitor their competence.
Once their probation period had been completed, staff met with their line manager formally four times a year as well as an appraisal meeting. Staff told us they felt supported and could always contact their team leader or a manager if they had any concerns. Where staff performance had fallen short of the expected required standards or concerns had been raised by staff they were put on a performance improvement plan which may have included further training and/or mentoring by senior staff.

The ongoing skills and competency levels of staff were regularly checked and observed by senior members of staff as well as spot checks on staff. Checks included staff time keeping, correct use of personal protection equipment when supporting people with their personal care and respecting people's dignity. Records held in staff files confirmed this. The general manager also held a staff support/spot check matrix to ensure all staff were regularly observed and monitored. Staff had received personal care training which gave them the skills to manage and monitor some health conditions such as the prevention of pressure ulcers and continence and catheter care. We were told that there were plans in place for this course to be reviewed and redelivered to staff.

New staff were given the opportunities to shadow experienced staff to understand people's care needs and the expected care practices in line with the provider's policies and procedures. Staff who were new to working in the care sector were given additional time to shadow their colleagues. One new staff member told us this had been given them the time they needed to gain the skills and confidence they required to support people on their own. They told us they had spent time known as 'hands in pockets' which allowed new staff to shadow and observe their colleagues. Once their confidence had an increased they were able to work with 'hands out of pockets' and take on a minor role in supporting people alongside their colleagues.

Once new staff had been assessed as being competent they then became part of the care team. Records showed that observations of new staff had been carried out to ensure they were competent in their role before they worked alone. We were given examples of when probation periods of new staff had been extended when they had fallen short of the expected standards of care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Most people who were supported by staff from aVida with their personal care were able to consent to the care being provided and make day to day decisions for themselves. They had been involved in the planning of their care and had agreed to the level of care and support they received. Staff told us how they encouraged people to make choices about their daily activities and offered them support when needed. One staff member said, "It's their visit time. They tell us what support and help they need. We never assume it's going to be the same at each visit. We always ask just in case they change their mind and want something different."

The registered manager and staff had a good understanding of the MCA. A small number of people who received support with their personal care had been assessed as not having the mental capacity to make significant decisions about the care and support they received. Staff supported them in line with the principles of the MCA. Staff explained how they supported people to make decisions such as offering them choices and respecting their decisions, including the refusal of care or support. When people were unable to make decisions about their care and support they told us how they supported people in in their best interests such as providing support based on their known background or preferences.

However records of people's mental capacity assessments when making more significant decisions had not always been recorded. For example, records stated that some people had been identified as not having the mental capacity to manage their own medicines but there were no clear records of their assessment. This was raised with the registered manager who had already identified this as an area which needed to be addressed. They shared with us their MCA action plan which highlighted the need to review and update people's care plans to show their consent to the care they received. Records showed there were plans in place for staff who reviewed and assessed people's support needs to attend an advanced MCA training course. We were told this was to ensure that people who lacked the mental capacity to make decisions about their care had detailed care plans that considered the principles of the MCA. The managers showed us how they were implementing the principles of the MCA in their care practices. For example, they showed us how they had considered and assessed the capacity of two people living with a learning disability who were being supported by the staff. They had produced a pictorial mental capacity assessment form to help the people understand the decision making process of making important financial decisions such as going on holiday. It was noted that at the time of our inspection, no one's liberties were being restricted or being continuously supervised by staff.

People were supported to maintain a healthy diet. Their care plans gave staff information about their nutrition, eating and drinking support including their likes and dislikes. People's dietary needs and likes/dislikes were catered for. One person told us they carried out their shopping independently and bought food of their choice which staff then cooked to their liking. They said, "I like fresh food. I let the carers (staff members) know how I like it cooked and they do it."

Staff were aware of some people who were at risk of malnutrition and dehydration. Records showed that people's fluid and food intake was monitored during the allocated visit times. When required, people had been referred to dietician or the speech and language therapist if staff had been concerned by people's dietary intake.

Staff told us the actions they would take if they felt a person was unwell or required additional support from health care professionals. One staff member said, "Because we know people so well we can easily detect if they are not well. I would first report my concerns to my team leader or the office and call for a doctor if I felt it was urgent."

A relative confirmed staff were very responsive to people's changing health needs and referred them to external health care services when required. They told us how staff had assisted them with faulty equipment such as electrical beds and pressure care equipment) and had contacted the relevant agencies to request that the equipment should be replaced. Another person told us staff had contacted an occupational therapist for additional support and advice as they had been experiencing falls in their home. Health care professionals were positive about the service being provided and told us people were always referred to them in a timely manner and staff always acted on their advice and recommendations.

Good

Is the service caring?

Our findings

People were positive about the care and support they received from the service. They told us staff were friendly, caring and compassionate and attentive to their needs. One person said, "I wouldn't swap aVida for the world."

People were supported by staff who respected their dignity and privacy. Staff explained how they supported people respectfully. One staff member said, "We must be respectful as we are in their home and supporting them with their personal hygiene. We must respect that and keep things private for them such as making sure the curtains are closed or covering them over with a towel if we are supporting them with their personal care." People confirmed that the staff treated them equally and with respect. One person said, "I'm never talked down to. They (staff) speak to me as an individual. I can't fault them, they are all lovely. I would tell the manager if I had a problem with any of them." One staff member explained that they always reminded people of their name when they entered their home and explained the purpose of their visit. They told us this was important for people living with dementia. They said, "Some people don't remember us visiting, so I always introduce myself and explain why I'm there so they understand how I will be supporting them."

People were positive about the caring nature and manner of staff. One person said, "They are very friendly and helpful." Another person said about their visiting staff member, "I think the world of her (pointing to a staff member) All the carers are kind. They are the best in the world." A relative was also positive about the approach of staff who supported their relative with their personal care. They said, "They are good, some are better than others but generally we are pleased. We have had our ups and down with aVida but they have always sorted it out and things are relatively settled now. It's all good now."

Staff were able to describe to us how they cared for people in a person centred manner. They gave us examples of how they had supported people to remain independent or made a difference in their lives. For example, staff were mindful of people who needed additional support with their daily lives when they had no family support. One person told us how a staff member had assisted them to 'sort out their finances'. The staff member checked with them that they had heard back from the benefits office and whether they needed any further support. The person told us, "I couldn't have done it without her (pointing to the staff member) she has helped me get my money sorted out."

People received care and support from staff who knew and understood their history, likes, preferences, needs and goals. We observed the relationships between staff and people receiving support which demonstrated dignity and respect at all times. Staff adapted their approach and manner according to people's needs. They were able to have a joke with some people who enjoyed a livelier and more humorous type of conversation. Staff told us they enjoyed working with people. One staff member said "I love working with people in their own homes. It's so rewarding. It has met all my expectations as carer."

People were encouraged to enhance their daily skills and become more independent. They were supported to make decisions for themselves and take positive risks. We saw the records of one person who had initially needed some support in the home but had progressed to become independent and was about to end their

contract with aVida.

Requires Improvement

Is the service responsive?

Our findings

Since our last inspection, the registered manager and general manager had worked with the staff team to ensure that people's care plans were written in a manner which reflected their support needs and wishes. Their care plans provided staff with information about people such as how staff should access their house, their first language and their preferred name. People's personal needs had been assessed and a specific number of support hours had been allocated to them to achieve their personal and daily living tasks and goals.

People received care and support which had been personalised to their individual needs and requirements. Their care plans were personalised and reflected their needs and choices and provided staff with information about people's physical, social and emotional well-being and how this my affect their care and support requirements. Other information about their personal and medical history, their preferences and preferred routines was recorded. This gave staff an insight in to people's personal backgrounds and personalities. Details of people's levels of independence and their support requirements helped staff to understand their role while supporting people during the allocated visit times. One staff member said, "The care plans are good. They tell us people's support needs and how we should help them as well their abilities."

Some people required additional support with their emotional, health and medical needs such as support with their catheter care or support due to depression or anxiety. Staff were proactive in monitoring people's emotional, health and medical well-being and contacted the relevant health care professional when required. However, people's care plans did not give staff guidance on actions to take to prevent or manage certain aspects of their mental health and medical care. We raised this with the registered manager who agreed with our comments. They immediately addressed and implemented individual care protocols where required. These protocols guided staff and helped them to ensure that they had the appropriate knowledge to assist people if their health deteriorated and refer people in a timely manner to the appropriate health care services.

After each visit, staff were required to record a brief summary of the health and well-being of the person they had supported and the activities they had achieved. This information was read by the next staff member who visited the person to inform staff of any changes to people's care needs and to ensure a consistent approach.

However the records of people's daily activities, wellbeing and achievement were variable and sometimes only focused on the tasks completed by staff and did not always focus on their emotional well-being. The registered manager was aware of this and told us they were developing an in-house training course on record keeping which would assist staff to write daily records which focused on the 'the person as a whole and not just on tasks.'

People's complaints had been managed in line with the provider's complaints policy. The complaints and concerns log showed that concerns and complaints were encouraged, explored and responded to in good

time. The registered manager had completed a trends analysis of complaints made in 2015 which had informed the services action plan for 2016.

People told us their day to day concerns and issues were addressed immediately by staff or the team leader. One person said, "If I have any problems I just speak the staff. I know they will report up the chain if they can't deal with it. They are very responsive."

Good

Is the service well-led?

Our findings

The registered manager (who was also the owner) of aVida Care was committed to providing high quality care which put people at the centre of their service. They were also working alongside other organisations and were interacting with the local community. People, their relatives and staff spoke highly of the registered manager. The registered manager told us their biggest challenge since our last inspection had been bidding for the new local authority contracts for domiciliary care services across Gloucestershire. They explained the ongoing uncertainties and how they had managed the expectations of staff and people who used the service. They had worked tirelessly with the commissioners, stakeholders, staff and people to ensure that the service could adapt to continue meeting the needs of people. They had carried out a lot of work with staff to review their working model and marketing strategy to ensure the team could meet the needs of people in the future. The registered manager stated, "It's been an unsettling year." Together the managers had been working with the local authority to ensure there would be a smooth transition for those people who may be required to be supported by another provider.

The registered manager had been looking at alternative ways to address the issues of recruiting new staff, training and retaining their workforce. aVida had been part of a three year pilot programme with Skills for Care which had looked at the role of apprentices between the ages of 16-18 years old in social care. They were short listed for the finalist for the Skills for Care Annual Accolades awards 2015/2016. Four apprentices had since been employed at aVida. Their apprentice programme consisted of an internal rotation of business administration and working as a member of the care team. One apprentice told us, "It's been great. I have really got to understand how aVida works both from the business side and the caring side. Although I prefer the admin side of things." aVida have since been appointed as an 'Employer Champion' with Skills for Care in 2015.

This accolade has led the registered manager to speak at national and local events about recruitment, retention and apprenticeships within the social care sector. The registered manager has worked with a regional board responsible for overseeing the implementation of the care certificate and to ensure the care certificate and training was transportable between care providers across Health & Social care.

Locally, the registered manager has launched a pilot apprenticeship scheme with the local hospitals. This will provide a rotational apprenticeship programme between health and social care for young people who want to work in health and social care. We were told that this initiative will help the apprentices to better the work of staff and the needs of older people who are discharged from a hospital to a community environment. They said "It helps to increase learning opportunities for young people as well as breaking down barriers between the hospitals and community services such as aVida."

The registered manager has been proactive in working with the local community. aVida has bid with the Gloucester Business Hub to develop a 'value exchange' café which will aim to match older people in the community with a volunteer who can meet their needs such as gardening, companionship or teaching computer skills. Gloucester business hub helps organisations realise their potential and growth. aVida was also working with the Gloucester Business Hub and University of Gloucester to develop internship

opportunities to review aVida's business models particularly around marketing and capacity planning.

Also the registered manager and staff had engaged with the local community by holding community healthy eating events in collaboration with the local grocery store of a major retailer. Eight sessions have included healthy diets, advice on salt and sugar requirements and exercise with future plans for further health eating sessions and trips into the community. The sessions have been open to people who have received support from aVida as well as older people in the local community. The registered manager said, "The sessions have provided people with useful community information and resources and also a social networking event for the attendees. This is our opportunity to look at our values and put something back into our local community and help older people."

To understand the attitude and behaviour of staff, the registered manager had taken on the role of a care staff member for two shifts to understand the schedule, travel times, care delivery expectations and demands of the care team. Several shortfalls were highlighted and actions were put in to place to address the issues such as reviewing the travel times between visits and issuing staff rotas and their visit times at least a week in advance.

Staff praised the managers and office staff and told us they were all approachable. One new staff member said, "The staff and the managers in the office are so welcoming and supportive. I know I can approach them if I have any concerns." We received other comments from staff such as "The managers are brilliant. They always make you feel welcome" and "This is the best care job I have had so far. We are definitely supported. They (the managers) listen to what we have to say."

We were told that staff meetings were held however they were poorly attended. Therefore regular newsletters were now distributed to staff to cascade and share information. The office also had a staff notice board which displayed information such as policy updates and changes in systems. The registered manager had arranged several 'drop in' sessions for staff to raise any concerns to her.

The registered manager was proud of the service being provided and always acted on any shortfalls. They carried out a quarterly trend analysis of incidents across the service including missed calls, medication errors, complaints, incident and falls. The findings of the analysis were discussed at staff meetings and actions were taken to address any issues. Concerns raised with CQC or notification about significant incidents were always thoroughly investigated by the registered manager in an appropriate time and acted on when shortfalls were identified. External monitoring and auditing agencies which were commissioned by the local authority had visited and reviewed the service.